

## ACA Client Share Determination Spreadsheet

	Eff. 10/1/2014	Name	Name	Name	Name	Name
1						
2	ACA Countable Yearly Income					
3	ACA Countable Monthly Income	\$ -	\$ -	\$ -	\$ -	\$ -
4	Minus 5% (of Countable ACA Income)	\$ -	\$ -	\$ -	\$ -	\$ -
5	Equals Countable Income	\$ -	\$ -	\$ -	\$ -	\$ -
6	Household Size					
7	Minus Medically Needy Income Level (See Chart Below)					
8	Equals Client Share (RL)	\$ -	\$ -	\$ -	\$ -	\$ -

ACA Medically Needy Income Levels		
HH Size	90% of Poverty Level (Pregnant Women)	92% of Poverty Level (Children up to age 21)
	Monthly	Monthly
1	\$876.00	\$895.00
2	\$1,180.00	\$1,206.00
3	\$1,485.00	\$1,518.00
4	\$1,789.00	\$1,829.00
5	\$2,094.00	\$2,140.00
6	\$2,398.00	\$2,452.00
7	\$2,703.00	\$2,763.00
8	\$3,007.00	\$3,074.00
9	\$3,312.00	\$3,385.00
10	\$3,616.00	\$3,697.00
Plus 1	\$305.00	\$312.00